

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 11/11/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/14/2007						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN DS LME	3411	357	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		3412	87	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	468	1236	768
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	208	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	391	4129	3738
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8536	1	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	8	400	392
		3746	1	RELATED CODES NOT ALLOWED SAME DATE OF SERVICE.				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3381	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1014	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5550	5564	14
		79	751	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404916	CROSSROADS BEHA VIORAL HEAL	79	10	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8952	7	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	0	23	739	716
		8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404917	CENTERPOINT HUM AN SERVICES	8505	407	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	609	4916	4307
		8800	73	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEAL/THC	8800	14	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	28	28	0
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASHEL L AREA MH D	11	81	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		3413	51	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	203	6608	6405
		79	34	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	11	173	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	252	1114	862
		8534	11	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404922	THE DURHAM CENT ER	21	262	DUPLICATE OF CLAIM-SYSTEM				
		8505	183	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	599	3760	3161
		8800	136	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404923	FIVE COUNTY MH	8505	517	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	111	CLAIM DENIED NO BUDGET FOUND	0	773	810	37
		8536	84	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	185	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	29	CLAIM DENIED NO BUDGET FOUND	2	264	314	50
		11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	21	1323	DUPLICATE OF CLAIM-SYSTEM				
		8536	40	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	3	1481	1484	3
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	3411	46	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	31	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	139	596	457
		11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	11	21	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	21	21	0
3404931	WAKE CO HUM SVC BILLING OF	21	332	DUPLICATE OF CLAIM-SYSTEM				
		8505	64	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	7	525	1294	769
		8621	19	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	105	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	25	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	227	5011	4784
		11	25	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLow CARTERET BEHAV HEAL	21	488	DUPLICATE OF CLAIM-SYSTEM				
		8534	127	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	884	1944	1060
		8535	98	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	21	16	DUPLICATE OF CLAIM-SYSTEM				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	20	4734	4714
		3411	1	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404939	EAST CAROLINA B EHAVIORAL H	8599	61	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		3411	25	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	150	3101	2951
		21	17	DUPLICATE OF CLAIM-SYSTEM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	120	55	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	53	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	247	1509	1262
		11	52	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMA N SERVICES	8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	1	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	9	550	541
3404946	FOOTHILLS AREAM ENTAL HEALT	8651	3	ONLY FOUR UNITS ALLOWED PER MO NTH				
		7003	2	EXCEEDS MAXIMUM UNITS ALLOWED PER DAY(S)	0	10	290	280

		3746	2	RELATED CODES NOT ALLOWED SAME				
				DATE OF SERVICE.				